## State Of Texas County Of Williamson City of Leander



## APPLICATION FOR INFORMATION UNDER TEXAS OPEN RECORDS ACT TO

## **CITY SECRETARY ~ Records Management Officer**

Phone: 512/528-2743 Fax: 512/259-1605

P.O. Box 319 – Leander, Texas 78646 or 200 West Willis Street – Leander, Texas 78641

Γoday's Date:			
Name of Applicant:			
Mailing Address:			
City/State/Zip:			
Phone Number: (Home)		(Work)	(Other)
YOU WANT TO:	(Circle One)	RECEIVE COPIES	INSPECT DOCUMENTS
OOCUMENTS REQUESTIPOOVER as much information use back of form for additional	as possible to acc	curately describe the information	on and/or document(s) you are requesting, please
confidential or privileg	ged information. If i		s Act to protect against the disclosure of losure exists, an opinion will be sought est.
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APPLICANT'S SIGNATUR	E		
		Official City of Leander UseOnly	
Request Approved			# of Pages x Fee Schedule
		ricked Up Information Faxed or Email to Applicant	= Total Cost \$
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